## Case 20-14571-ABA Doc 81 Filed 06/08/22 Entered 06/08/22 08:14:07 Desc Main Document Page 1 of 7

Fill	in this information to identify your ca	se:							
Del	otor 1 Jeffrey E Ne	wton							
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the:	DISTRICT OF NEW J	ERSEY, CAMDEN [	DIVISION	_				
1	se number <b>20-14571</b>					Check if this is	• •		
(If kr	nown)					An amende			
						A supplem income as	ent showing of the follow		chapter 13
O.	fficial Form 106I					MM / DD/ `	YYYY		
S	chedule I: Your Inco	ome							12/1
spo	plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O  Describe Employment	spouse is not filing with	you, do not inclu	de informa	ation a	bout your spou	ise. If more	space is ne	eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fil	ing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emp	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not €	☐ Not employed		
	employers.	Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student o homemaker, if it applies.	Employer's address	_						
		How long employed th	ere?						
Par	t 2: Give Details About Mon	thly Income							
	mate monthly income as of the da ss you are separated.	te you file this form. If yo	ou have nothing to re	port for an	y line, v	write \$0 in the sp	ace. Include	e your non-fili	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this forr		ine the information f	or all emplo	oyers fo	or that person on	the lines be	elow. If you ne	eed more
					F	For Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca	y, and commissions (befalculate what the monthly w	ore all payroll vage would be.	2.	\$_	0.00	\$	N/A	
3.	Estimate and list monthly overting	me pay.		3.	+\$ _	0.00	+\$	N/A	-
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$_	0.00	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

Deb	otor 1	Newton, Jeffrey E	_	Cas	e number (if known)	20-14571	<u> </u>	
					r Debtor 1	For Debt	or 2 or g spouse	
	Cop	by line 4 here	4.	\$_	0.00	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	\$_	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g. 5h.	Union dues	5g. 5h	\$ - \$	0.00	+ \$	N/A	
_		Other deductions. Specify:		· -		· · · · · · · · · · · · · · · · · · ·	N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ -	0.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ _	0.00	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	1,686.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	— 8g.	\$	624.00	\$	N/A	
	8h.	Other monthly income. Specify: First Fideility	8h	- \$	1,465.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,775.00	\$	N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		3,775.00 + \$	N/	/A = \$ 3	3,775.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		3,773.00	111/		5,775.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avacify:	lepender		·	Schedule J.	1. <b>+</b> \$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain					2. \$3	3,775.00
13.	=	you expect an increase or decrease within the year after you file this form	?				monthly i	
		Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill	in this informati	on to identify yo	ur case:					
Deb	tor 1	Jeffrey E Ne	wton			Ch	eck if this is:	
	-				_		An amended filin	ng
	tor 2							owing postpetition chapter 13
(Spo	ouse, if filing)						expenses as of the	ne following date:
Unit	ed States Bankru	ptcy Court for the:	DISTRI	CT OF NEW JERSEY, CA	MDEN		MM / DD / YYYY	,
	e number 20- nown)	-14571						
Of	fficial For	m 106J						
So	chedule	J: Your E	Expen	ses				12/1
info (if k	ormation. If mo known). Answe	re space is nee r every question	eded, attac on.	f two married people are h another sheet to this fo				or supplying correct your name and case numbe
Par 1.	Is this a joint	be Your Housel case?	noia					
	■ No. Go to	line 2.  Debtor 2 live in	n a separa	te household?				
	□ No							
			t file Officia	al Form 106J-2, Expenses t	or Separate Househ	oldof Deb	tor 2.	
•			<b>-</b>					
2.	Do you have	dependents?	■ No					
	Do not list De Debtor 2.	btor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state t	he						□ No
	dependents n	ames.						_ ☐ Yes
								□ No
								_ Pyes
								□ No
								_ Yes
								□ No □ Yes
3.	Do your expe	enses include	_					_ Li Yes
0.	expenses of	people other th your depender	an 🗖	No Yes				
Par	t 2: Estima	te Your Ongoir						
exp	imate your exp enses as of a o blicable date.	penses as of yo date after the b	ur bankru ankruptcy	ptcy filing date unless yo is filed. If this is a supple	ou are using this for emental Schedule J,	m as a su , check th	ipplement in a Cha ne box at the top o	apter 13 case to report f the form and fill in the
				overnment assistance if y d it on Schedule I: Your I				
(Off	ficial Form 106	il.)				-	Your ex	xpenses
4.		home ownersh any rent for the		es for your residence. Indoor.	clude first mortgage	4.	\$	1,353.00
	If not include	ed in line 4:						
	4a. Real es	tate taxes				4a.	\$	0.00
	4b. Propert	y, homeowner's,	or renter's	insurance		4b.	\$	0.00
				pkeep expenses		4c.	\$	80.00
_		wner's associati				4d.	·	0.00
5.	Additional m	ortgage payme	nts for yo	<b>ur residence,</b> such as hom	ne equity loans	5.	<b>ኔ</b>	0.00

Deb	or 1 Newton, Jeffrey E	Case number (if known)	20-14571
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	350.00
	6b. Water, sewer, garbage collection	6b. \$	65.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	120.00
	6d. Other. Specify: Cable Bundle	6d. \$	200.00
7.	Food and housekeeping supplies	7. \$	450.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	50.00
10.	Personal care products and services	10. \$	75.00
11.	Medical and dental expenses	11. \$	150.00
12.	Transportation. Include gas, maintenance, bus or train fare.		200.00
	Do not include car payments.	12. \$	200.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	80.00
14.	Charitable contributions and religious donations	14. \$	20.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.	15a. \$	0.00
	15a. Life insurance	· · · · · · · · · · · · · · · · · · ·	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	200.00
4.0	15d. Other insurance. Specify:	15d. \$	0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
17.	Installment or lease payments:	10. Ψ	0.00
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as		0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you.	18. \$ \$	
19.	Specify:	19.	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Sched		
_0.	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: Car Maintenance	21. +\$	50.00
			30.00
22.	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	3,443.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,443.00
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,775.00
	23b. Copy your monthly expenses from line 22c above.	23b\$	3,443.00
			, <u> </u>
	23c. Subtract your monthly expenses from your monthly income.	00.5	222.00
	The result is your monthly net income.	23c. \\$	332.00
24.	Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?  No.		crease or decrease because of a
	Yes. Explain here:		

Fill in this in	formation to identify	your case:			
Debtor 1	Jeffrey E Newto	on			
Dalatara	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	DISTRICT OF NEW J	ERSEY, CAMDEN DIVISION	<b>I</b>	
Case number	20-14571				
(if known)					Check if this is an amended filing
Official Forr	n 106Doc				
		a.a. l.a.al!!.ala	l Dalataria Ca	la a alcel a a	
Declarat	ion About	an individua	I Debtor's Sc	neaules	12/15
f two married pe	ople are filing togeth	er, both are equally respo	nsible for supplying correc	ct information.	
obtaining money		in connection with a bank	s or amended schedules. N kruptcy case can result in f		nt, concealing property, or imprisonment for up to 20
Sign	n Below				
Did you pa	y or agree to pay som	neone who is NOT an attor	ney to help you fill out bar	nkruptcy forms?	
■ No					
☐ Yes. N	Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	lty of perjury, I declar e true and correct.	e that I have read the sum	mary and schedules filed v	with this declaration an	ad
X /s/ Jeff	rey E Newton		X		

Jeffrey E Newton Signature of Debtor 1

Date **June 8, 2022** 

Signature of Debtor 2

Date

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Fill in this information to identify your case:								
Debtor 1	Jeffrey E Newton							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY, CAMDEN DIVISION					
Case number	20-14571							
()								

Check if this is an amended filing

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

you	r original forms, you must fill out a new Summary and check the box at the top of this page.		·
Par	t 1: Summarize Your Assets	Varia	
		Your a	of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	160,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	58,662.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	218,662.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	165,315.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	18,384.00
	Your total liabilities	\$	183,699.00
Pai	t 3: Summarize Your Income and Expenses		'
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	3,775.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,443.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your oth	ıer schedı	ules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.	rsonal, fa	mily, or household

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Debtor 1 Newton, Jeffrey E Case number (if known) 20-14571

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$	680.00
		1 -	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00